

NORTHERN ARIZONA DERMATOLOGY CENTER

FINANCIAL POLICY

All patients are expected to pay office visit co-payments in full on the day of the service. In the event that payment from insurance creates an overpayment, it will be refunded in a timely manner.

Appropriate insurance companies will be billed and patient will be sent a statement if there is any patient responsibility after your insurance pays. Statements are considered due and payable upon receipt. If full payment is not possible, please make financial arrangements with our patient billing department. We are here to help you.

The parent/legal guardian who brings in a minor and signs below will be responsible for all charges not paid by insurance. We do not forward bills to other parties regardless of court rulings or divorce decrees. We also do not participate in disputes between divorced parents. Unless otherwise specified by a court order, both parents will be considered legally responsible for any outstanding charges.

For patients that do not have insurance, payment will be expected in full at time of check-out unless prior arrangements have been made with our patient billing department.

It is important for our patients (or parent/guardian) to realize that the service for which they are billed was rendered to them. Thus, the patient (or parent/guardian) is ultimately financially responsible for that service even if their insurance company fails to reimburse Northern Arizona Dermatology, P.C. Insurance companies deny payment for a variety of reasons including, but not limited to, medically unnecessary or cosmetic procedures, pre-existing conditions, riders on policies, and non-covered services. In the event of insurance company's non-payment, the patient (or parent/guardian) commits to full payment for the rendered services. If the total bill exceeds the patient's (or parent/guardian) capacity to pay, financial arrangements may be requested.

Cash, Checks, Visa, MasterCard, Discover and American Express, Debit Cards, or Health Savings Account Debit Cards may be used for payment. In the event payment is not received within sixty (60) days of service Northern Arizona Dermatology, P.C. may contract with an attorney or collection agency.

HIPAA NOTICE AND AUTHORIZATION OF DISCLOSURE

Our practice is dedicated to maintaining the privacy of your health information. Our office maintains a current copy of our Notice Of Privacy Practices at all times. You are encouraged to read this notice, and are entitled to receive a copy upon request. The HIPPA privacy rule also gives you the right to request a restriction on the uses and disclosures of your protected health information, including the right to request confidential communications by alternative means. You may revoke or change this authorization at any time with a written request.

It is acceptable to contact me in following manner (check all that apply):

Preferred Telephone: OK to leave message with detailed information Leave message with call-back number only
 Ok to send text message with appointment reminder (for cell numbers)

EMAIL: OK to send e-mail. Email address: _____

(Northern Arizona Dermatology does not share your email with others and will only send business-related emails)

By signing below, patient (or parent/guardian) acknowledges the following:

- I have read, understand, and agree to the Financial Policy and HIPPA Notice and Authorization of Disclosure

Patient or Legal Guardian Signature: _____ Date: _____

Patient or Legal Guardian Printed Name: _____